## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

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or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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22850

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05/26/2009

## CUSTOMER NUMBER 22850

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

22850				(Signature)		
						(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		TORNEY DOCKET NO.	CONFIRMATION NO.
10/510,961 TITLE OF INVENTION MACROPHAGE COLO			Kazuo Kubo INAZOLINE DERIVATI	VES INHIBITING A	261205US0PCT UTOPHOSPHORYLAT	8024 ION OF
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/26/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
SEAMAN, D MARGARET M 1625		1625	546-153000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Oblon, Spivak,  2 McClelland, Maier  3 & Neustadt, L.L.P.			land, Maier
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	THE PATENT (print or typedata will appear on the part a substitute for filing and (B) RESIDENCE: (CITY SHA	atent. If an assignee is assignment.  Yand STATE OR COU!		
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent);	Individual 🖾 Corpor	ation or other private gro	up entity 🚨 Government

Authorized Signature

Typed or printed name

James H. Knebel

Registration No. 22,630

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proma application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing

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Publication Fee (No small entity discount permitted)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

5. Change in Entity Status (from status indicated above)

4a. The following fee(s) are submitted:

Advance Order - # of Copies \_\_\_\_\_

interest as shown by the records of the United States

🗵 Issue Fee